



APPLICATION FORM FOR ACCESS TO KCL's NETWORK

1.Name of the broadcaster:	
2.The names of CEO/MD of the broadcaster:	
3.Registered Office address:	
4.Address for communication:	
5.Name of the contact person/ Authorized Representative:	
6.Telephone:	
7.Email address:	
8.Name of channel for which request for distribution has been made:	
9.Copy of permission letter issued by the ministry of information and broadcasting for downlinking of the channels mentioned above in India:	
10. Nature of channel (pay channel or free- to- air):	
11. Genre of channel:	
12. Language(s) of channel:	
13. Downlinking parameters of the channel:	
a. Name of satellite:	
b. Orbital location:	
c. Polarisation:	
d. Downlinking frequency:	
14. Modulation/coding and compression standard of channel:	
15. Encryption of channel: encrypted/unencrypted	

(Signature)

Date and Place



DECLARATION

I, _____ S/ o, D/o _____,

_____ (Authorized Signatory), of _____ (Name

of the broadcaster), do hereby declare that the details provided above are true and correct.

(Signature)

Date and Place: